THE CANCER LETTER INTERACTIVE

Vol. 27 No. 23
June 8, 2001

Price $295 Per Year

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

U.S. Cancer Mortality Declines Overall; Incidence, Death, For 12 Cancers Rising

The rates for new cancer cases and deaths for all cancers combined continued to decline in the U.S., according to a report released earlier this week which includes new data for the period between 1992 to 1998.

The report is by the North American Association of Central Cancer Registries, the Centers for Disease Control and Prevention, including the National Center for Health Statistics, the American Cancer Society, and NCI. A section of the report focuses on a dozen cancers whose overall rates are increasing.

"This welcome news on declining rates underscores the incredible

(Continued to page 2)

In Brief:

GM Cancer Research Foundation Awards $750,000 To Five Scientists For Their Work

GENERAL MOTORS Cancer Research Foundation this week awarded $750,000 to five scientists for their research. The award recipients are **Elizabeth Blackburn**, professor of biochemistry and biophysics at the University of California, San Francisco; **David Kuhl**, professor of radiology, chief of the Division of Nuclear Medicine and director of the PET Center at the University of Michigan; **Michael Phelps**, the Norton Simon Professor and chairman of the Department of Molecular and Medical Pharmacology at the UCLA School of Medicine; **Frank Speizer**, the Edward Kass Professor of Medicine at Harvard Medical School, co-director of the Channing Laboratory at Brigham and Women's Hospital and professor of environmental science at Harvard School of Public Health; and **Walter Willett**, the Fredrick John Stare Professor of Epidemiology and Nutrition and chairman of the Department of Nutrition at the Harvard School of Public Health, and professor of Medicine at Harvard Medical School. Blackburn was awarded the Alfred P. Sloan Jr. Prize for her studies over the past 25 years on telomeres and telomerase, two key factors in the multiplication of cells. Kuhl and Phelps received the Charles F. Kettering Prize for their involvement in the development of positron emission tomography (PET). Phelps and colleagues developed the first PET scanner at Washington University in St. Louis more than 25 years ago. Kuhl was an early developer of cross-sectional scanning machines to examine patients' brains. His work is widely recognized as the foundation for PET scanning and many other scanning techniques. Speizer and Willett were awarded

(Continued to page 8)

Bush Transition:
Bush Nominates Nancy Brinker Ambassador To Hungary
. . . Page 3

HHS News:
Six State Plans Approved For Women Diagnosed With Cancer In Screening Program
. . . Page 4

Professional Societies:
ONS Calls For Changes To Resolve Shortage Of Nurses In the U.S.
. . . Page 5

The Cancer Letter Wins Award For Reporting
. . . Page 5

Funding Opportunities:
Lymphoma Fellowship; Clinical Projects; Program Announcements
. . . Page 6

Click Here for Photocopying Guidelines

Annual Cancer Report Finds Death Rates Declining Overall

(Continued from page 1)

progress we've made against cancer, but it also reminds us that our fight is far from over," said HHS Secretary Tommy Thompson. "It is clear that we must not only treat cancer, but beat this deadly disease. That is why we are aggressively promoting cancer-related research at NIH."

HHS has proposed an increase of $514 million for cancer-related research at NIH in 2002, a 12 percent increase over current year spending.

The "Annual Report to the Nation on the Status of Cancer, 1973-1998, Featuring Cancers with Recent Increasing Trends" is published in the June 6 issue of the Journal of the National Cancer Institute.

"These findings highlight the progress we've made against cancer but also underscore the critical need for research and for equitably applying what we already know to sustain this progress," said NCI Director Richard Klausner.

The report shows that the incidence rate for all cancers combined— the number of new cancer cases per 100,000 persons per year—declined on average 1.1 percent per year between 1992 and 1998. This overall trend reversed a pattern of increasing incidence rates from 1973 to 1992. Most of the decline can be attributed to a 2.9 percent yearly decline in white males and a 3.1 percent yearly decline in black males.

THE CANCER LETTER

Member, Newsletter and Electronic Publishers Association

World Wide Web: http://www.cancerletter.com

Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

Editorial: 202-362-1809 Fax: 202-318-4030
PO Box 9905, Washington DC 20016
E-mail: news@cancerletter.com

Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724
E-mail: info@cancerletter.com

Subscription $295 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Founded Dec. 21, 1973, by Jerry D. Boyd

"I am most excited to see that rates of new cases of cancer declined in the 1990s for both black and white men," said James S. Marks, M.D., director of CDC's National Center for Chronic Disease Prevention and Health Promotion. "It will take time to tell, but this could be a sign that the disparities among racial and ethnic groups are lessening."

"More good news is the continuing fall in cancer death rates by 1.6 percent per year for men and 0.8 percent per year for women between 1992 to 1998," said John Seffrin, chief executive officer of the American Cancer Society. "Particularly welcome is that the largest decrease—2.5 percent per year—occurred in black men, who bear the heaviest cancer burden."

Overall cancer mortality declined 1.1 percent yearly for the period from 1992 to 1998.

Four cancer sites—lung, prostate, breast, and colorectum—accounted for about 56 percent of all new cancer cases and were also the leading causes of cancer deaths for every racial and ethnic group, which includes white, black, Asian/Pacific Islander, American Indian/Alaska Native, and Hispanic populations. Because these sites comprise over half of all cancer cases, they have a strong influence on overall cancer trends.

Breast cancer makes up 16.3 percent of all cancer cases and accounts for 7.8 percent of all deaths due to cancer. Breast cancer death rates have continued to decline due to improvements in early detection and treatment. However, breast cancer incidence rates have increased by more than 40 percent from 1973 to 1998.

One explanation for the increase in breast cancer incidence rates comes from analyses which indicate that more early stage disease is being diagnosed, suggesting that use of aggressive screening and early detection, primarily mammography, may account for part of this increase.

"The extent to which other factors, such as more obesity and post-menopausal hormone use, may contribute to the increase is unknown," said Brenda Edwards, of NCI, final author of the report. A rise in the rate of stage II node-positive disease diagnosed in white women 50 to 64 years of age is a more recent observation, Edwards said.

Prostate cancer, which accounts for 14.8 percent of all cases, saw a sharp increase in incidence rates starting in the late 1980s with the introduction of screening for Prostate Specific Antigen. Subsequently, however, rates have started to decline. Death rates

have also declined in recent years. Much of the wide variation in prostate cancer incidence rates across the country can be attributed to differing rates of PSA screening, with geographic areas of high usage of PSA reporting high incidence rates, often the result of the discovery of clinically insignificant tumors.

Lung cancer accounts for 29 percent of cancer deaths in the U.S. and 13.2 percent of the cases. Overall, lung cancer incidence rates decreased 1.6 percent per year between 1992 and 1998, due mainly to a decline of 2.7 percent per year in men and a leveling off of rates in women, both manifestations of reductions in tobacco smoking since the 1960s. Lung cancer mortality began to decrease in 1990 in men but an increase in mortality continued until at least 1998 in women. Long-term trends show that women have lagged behind men in lung cancer incidence and death rates.

"Significantly, lung cancer death rates in women increased 0.8 percent per year but this rate of increase is slower than earlier periods," said Edward Sondik, director of NCHS.

Colorectal cancer accounts for 11.6 percent of all cancer cases but incidence and death rates vary widely by race and ethnicity. Incidence rates for colorectal cancer ranged from 10.2 per 100,000 in the Hispanic population to 22.8 per 100,000 in the black population. Historically, incidence rates from colorectal cancer increased until 1985, then decreased 1.8 percent per year through 1995, and have stabilized through the latest reporting period in 1998. A long-term decrease in death rates in most populations began between 1992 and 1998 but remained stable in black females during this period. Detection of earlier stages of disease and more effective treatments have led to the decline in death rates seen in most populations.

"Ten other cancers, in addition to the recent rise in female breast cancer incidence rates and the long-term increase in female lung cancer death rates, have increased in either incidence or death rates from 1992 to 1998," said Holly Howe, executive director of NAACCR, and senior author of this report. "These 10 cancer sites together account for about 13 percent of all cancer cases and deaths."

These diverse and relatively uncommon cancers include (in descending order of their contribution to total cancer deaths):

—Non-Hodgkin's Lymphoma (4.4 percent of deaths, 4.0 percent of cases in 1998)

—Liver and intrahepatic bile duct (2.3 percent of deaths, 1.2 percent of cases in 1998)

—Esophagus (2.2 percent of deaths, 0.9 percent of cases in 1998)

—Melanoma (1.4 percent of deaths, 3.5 percent of cases in 1998)

—Acute Myeloid Leukemia (1.3 percent of deaths, 0.8 percent of cases in 1998)

—Soft Tissue including Heart (0.7 percent of deaths, 0.6 percent of cases in 1998)

—Thyroid (0.4 percent of deaths, 1.5 percent of cases in 1998)

—Small intestine (0.2 percent of deaths, 0.3 percent of cases in 1998)

—Vulva (0.1 percent of deaths, 0.3 percent of cases in 1998)

—Peritoneum, Omentum, and Mesentery (0.1 percent of deaths, 0.1 percent of cases in 1998)

The report is based on incidence data from NCI's Surveillance, Epidemiology, and End Results program, the CDC's National Program of Cancer Registries, and NAACCR. Mortality data come from the CDC's NCHS.

Authors of this report identified several strategies for reducing future incidence and death from cancer, the most critical being the reduction of tobacco use in all segments of the population, since smoking causes an estimated 30 percent of all cancer deaths. Another strategy would be to improve the use of currently effective but underutilized cancer screening tools. Other strategies identified include developing and applying state-of-the-art diagnostic tests and treatments, as well as identifying and reducing health disparities across diverse populations.

Bush Transition:

Nancy Brinker Nominated For Ambassador To Hungary

Nancy Brinker was nominated as ambassador to Hungary by President George W. Bush last week.

Brinker, chairman of the Susan G. Komen Breast Cancer Foundation, of Dallas, served on the President's Cancer Panel and the National Cancer Advisory Board.

Brinker was also one of Bush's "Pioneers," supporters who pledged to raise $100,000 dollars for his presidential campaign.

Brinker's nomination as ambassador was announced May 30.

Following a breast cancer summit on June 1, Bush addressed breast cancer survivors and advocates at the White House.

"Now is the time to bolster our efforts," Bush said. "We must continue to raise awareness about the importance of early detection and increase access to screening services. We need to close the 'treatment gap' between research discoveries and treatment options, so that cancer victims have access to the latest technology.... I'm committed to passing a strong patients' bill of rights this year to provide women with needed access to life-saving clinical trials and medical specialists."

The Komen Foundation's Race for the Cure was held in Washington on June 2.

Brinker began the foundation in 1982 in memory of her sister, who died of breast cancer two years earlier.

Brinker also is a director of US Oncology Inc. and a trustee of the New York University Medical School Foundation and Netmarket Group Inc.

HHS News:

HHS Approves Six State Plans To Insure Women With Cancer

HHS Secretary Tommy Thompson this week approved six new states' applications for the new federal program that allows them to offer Medicaid benefits to uninsured women who are diagnosed with breast or cervical cancer through a federal screening program.

Utah, Idaho, South Dakota, Illinois, Indiana, and Montana are the most recent states to take advantage of the federal Breast and Cervical Cancer Prevention and Treatment Act that was signed into law last October. Rhode Island, New Hampshire, West Virginia and Maryland were the first four states to take advantage of this new program.

The law extends the full Medicaid benefit package to women who were screened and found to need treatment through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program. To qualify for the new program, women must be under age 65, not eligible for Medicaid and without creditable health care coverage.

Participation in the BCCPT is optional for states. However, states that do offer the benefit will receive an enhanced matching rate for women who enroll.

Thompson said he will write to the governors of the remaining states to encourage them to take advantage of the program.

"I am proud of the action we are taking today to assure that women who are fighting these diseases will get the help they need," said Thompson. "This new program meets the administration's goal of allowing states to exercise the options they believe will best benefit their citizens. I hope other states will soon follow in the footsteps of these six states."

For further information on the program, see http://www.hcfa.gov/medicaid/bccpthm.htm.

* * *

HHS has assigned Burke Fishburn, a senior policy expert from the Centers for Disease Control and Prevention, to work with the World Health Organization in its efforts to reduce tobacco use in Southeast Asia.

As part of a partnership with WHO, Fishburn will be based in Hanoi and work with WHO in Vietnam, Laos, and Malaysia.

"I indicated on my first day in office that this department would be committed to U.S. support and technical assistance on global health, including tobacco control," said HHS Secretary Tommy Thompson. "Without effective international tobacco control programs, the worldwide death toll from tobacco-related diseases will increase from the current 4 million people each year to as many as 10 million by 2030. The CDC has a great deal of expertise and experience in tobacco control that it can share with the world."

Fishburn will work through the CDC/WHO Collaborating Center for Smoking and Health, which partners with other multilateral organizations to implement studies, conduct epidemiologic research and monitoring, provide training and technical assistance for country-level surveillance of tobacco use, and support the development of national plans of action for tobacco control.

This new position will serve to implement an integrated and comprehensive response to tobacco use and tobacco-related disease in Southeast Asia and the Western Pacific region, HHS said. In Vietnam, it is estimated that more than 7 million people, or 10 percent of the population, will die prematurely from tobacco-related illnesses, and half will die before the age of 50. In Laos, estimates of smoking prevalence range from 40 to 70 percent for men, and from 15 to 30 percent for women. In Malaysia, more than 38 percent of deaths are due to cardiovascular disease, cancer, and stroke.

Fishburn is associate director for policy and planning in CDC's Office on Smoking and Health. Prior to joining CDC in 1998, Fishburn was a senior analyst for food and drug policy at HHS.

Professional Societies:

ONS Calls For Changes To Resolve Nurse Shortage

The Oncology Nursing Society, the largest professional membership oncology association in the world with more than 28,000 members, last week called for the public and private sectors to address and resolve the growing nursing shortage in the U.S.

The society said more nurses will be needed to assist a growing elderly population who will be diagnosed with cancer.

In its position paper, "The Impact of the National Nursing Shortage on Quality Cancer Care," ONS calls for legislative changes at the national level to support private initiatives, recommends ways to reshape nurse education, and exhorts healthcare systems to improve the quality of work life for nurses.

"As the U.S. population ages, the percentage of people at risk for cancer increases exponentially," said Pearl Moore, chief executive officer of ONS. "And the nursing shortage is going to get worse when the greatest number of elderly in history needs more nursing care than ever before."

"Cancer care," Moore added, "is a complex, multifaceted, chronic disease and people with cancer require specialty-nursing interventions at every step of the cancer experience. Patients with cancer are best served by nurses specialized in oncology care, especially RNs who are certified in this specialty. The nursing shortage will impede the provision of quality cancer care through a lack of nurses trained in the specialty of oncology."

ONS said loan repayment programs and tax incentives should be enacted to attract people to the profession.

The ONS position paper is available at: http://www.ons.org/xp6/ONS/Information.xml/Journals_and_Positions.xml/ONS_Positions.xml/Nursing_Shortage.xml.

Last month, William Scanlon, managing director, health care, for the General Accounting Office, testified before the Senate Committee on Health, Education, Labor, and Pensions about the nursing shortage. His testimony is available at http://www.gao.gov/new.items/d01750t.pdf.

Scanlon said several factors are causing a drop in the supply of nurses. These include an aging nursing workforce and a decline in enrollment in nursing programs over the past five years. Also, studies report decreased levels of job satisfaction for nurses.

The Cancer Letter Wins Investigative Reporting Award

The Cancer Letter was recognized this week for its investigative reporting by the Newsletter and Electronic Publishers Foundation's annual Newsletter Journalism Awards program.

Editor Paul Goldberg received second place for investigative reporting for his coverage of the National Dialogue on Cancer, an effort led by the American Cancer Society.

Goldberg's articles shed light on the structure of the Dialogue, an invitation-only group that meets behind closed doors, and a related group, the National Cancer Legislation Advisory Committee.

The series included the following stories:

—"Special Report: The National Dialogue On Cancer," Jan. 21, 2000, posted at http://www.cancerletter.com/vol26n03.html.

—"PR Firm Hired By American Cancer Society Also Represents Team KOOL Green," Jan. 28, 2000.

—"Bush Says National Dialogue On Cancer Needs To Correct Problems And Move On," March 17, 2000.

—"CDC Contribution To National Dialogue Raises Questions About Ties With ACS," Sept. 22, 2000, posted at http://www.cancerletter.com/CDCACS.html.

—"ACS Defends Dialogue, Calls Story Misleading," Oct. 20, 2000.

The newsletter foundation, based in Arlington, VA, awarded first place to Inside the Pentagon ($945 per year), for the story, "Documents Reveal Doubts About DOD Anthrax Vaccine Before Approval," posted at http://www.insidedefense.com/award_winner.asp. The newsletter is published by Inside Washington Publishers, a company with 65 reporters and 27 newsletters.

The third place award went to Telecom Manager's Voice Report ($398 per year, 24 issues), by United Communications Group, an information services firm with more than 500 employees.

In 1999, Goldberg won third place for investigative reporting in the NPF awards contest for articles on cancer treatment studies by the Houston physician Stanislaw Burzynski. Goldberg also won two awards for that story from the Washington DC chapter of the Society of Professional Journalists.

The Cancer Letter ($295 per year, 46 issues), has two full-time employees and publishes one weekly and two monthly newsletters.

Funding Opportunities:

Lymphoma Fellowship

Application Deadline: Oct. 1, 2001

Cure For Lymphoma Foundation seeks applications from candidates to pursue careers in basic, translational and clinical lymphoma research. Research may be laboratory or clinic based, but the results must be relevant to the treatment of lymphoma. The 2-year fellowships provide a $45,000 salary during the first year, $50,000 during the second year (including fringe benefits excluding indirect costs) and $5,000 each year for the research project. Applicants must be fellows or junior faculty at or below the level of assistant professor at the start of the award period and hold a M.D., Ph.D. or equivalent degree; they must be affiliated with a sponsoring institution in the U.S. for the duration of the CLF grant. Further information: http://www.cfl.org/research.cfm

Inquiries: Fran Morris, director, Medical & Scientific Outreach, Cure For Lymphoma Foundation, 215 Lexington Ave., New York, NY 10016; phone 212-213-9595, fax 212-213-1987, e-mail fmorris@cfl.org .

Clinical Projects in Cancer Therapy

Cancer Treatment Research Foundation invites applications for new and pilot/feasibility clinical projects in cancer therapy. The areas include new, innovative anticancer therapies, biological response modifiers, immunotherapy, gene therapy, and nutritional oncology. The foundation is interested in both conventional and integrative approaches that have the potential to benefit cancer patients. The initial, first phase application will be in the form of a two or three page concept proposal including background, rationale, study design, budget, and significance of the project in relation to the overall mission of CTRF. Investigators whose preliminary proposals are approved will be invited to submit a formal application. Preliminary applications may be submitted at any time.

Inquiries: Joni Shulman, grants administrator, Cancer Treatment Research Foundation, 3150 Salt Creek Lane, Suite 118, Arlington Heights, IL 60005, phone 847-342-6484; e-mail joni.shulman@ctca-corp.com; Web site www.ctrf.org.

NCI Program Announcements

PAR-01-101: Development of Novel Technologies for In Vivo Imaging (Phased Innovation Award)

Letter of Intent Receipt Dates: June 11, 2001, Feb. 11, 2002 and June 11, 2002

Application Receipt Dates: July 16, 2001, March 18, 2002, and July 16,2002

NCI invites applications for the development of novel image acquisition or enhancement methods for in vivo oncology, and which incorporate limited pilot or clinical feasibility evaluations using either pre-clinical models or clinical studies. Specific emphasis of this PAR is directed at (a) the development of highly innovative image acquisition and enhancement methods, including high risk/high gain research on technologies that exploit our knowledge of the molecular basis of cancer, and (b) the development of other novel imaging methods and the integration of these technologies with emerging molecular imaging methods, where appropriate, for more effective health care delivery. The solicitation will utilize the phased innovation award mechanism that is designed to encourage technology development. Specific features of this mechanism include: single submission and evaluation of both the R21 and R33 phases as one application; an R33 application also may be submitted alone; expedited transition from the R21 feasibility phase to the R33 development phase, based on successful completion of negotiated quantitative Milestones; flexible staging of feasibility R21 and development R33 phases. Applications from industry or industrial partnerships with other groups are encouraged. The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-01-101.html.

Inquiries: Houston Baker, Biomedical Imaging Program, NCI, 6130 Executive Plaza, Suite 6000, Bethesda MD 20892-7412, Rockville MD 20852 (for express/courier service), phone 301-496-9531; fax 301-480-3507; e-mail bakerhou@mail.nih.gov .

PAR-01-102: Development of Novel Technologies for In Vivo Imaging (SBIR/STTR)

Letter of Intent Receipt Dates: June 11, 2001, Feb. 11, 2002 and June 11, 2002.

Application Receipt Dates: July 16, 2001, March 18, 2002, and July 16, 2002.

The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-01-102.html .

NCI and the National Institute of Environmental Health Sciences invite applications for the development of novel image acquisition or enhancement methods, and which may incorporate limited pilot or clinical feasibility evaluations using either pre-clinical models or clinical studies.

Inquiries: For NCI—See preceding PAR. For NIEHS—Jerrold Heindel, Organs and Systems Toxicology Branch, Division of Extramural Research and Training, NIEHS, P.O. Box 12233, Research Triangle Park, NC 27709, FedEx: 79 T.W. Alexander Dr., 4401 Research Commons, 3rd Floor, phone 919-541-0781; fax 919-541-5064; e-mail heindelj@niehs.nih.gov.

PAR-01-104: Innovative Technologies for the Molecular Analysis of Cancer: Phased Innovation Award

Letter of Intent Date: June 15, 2001; Oct. 17,

Click Here for Photocopying Guidelines

2001; Feb. 14, 2002; June 10, 2002; Oct. 18, 2002; Feb. 14, 2003; and June 16, 2003

Application Receipt Date: July 20, 2001; Nov. 21, 2001; March 21, 2002; July 22, 2002; Nov. 22, 2002; March 21, 2003; and July 21, 2003

NCI invites applications for projects in molecular analysis of cancers and their host environment in support of basic, clinical, and epidemiological research. Technology encompasses methods and tools that enable research including, but not limited to, instrumentation, techniques, devices, and analysis tools. Technologies solicited include those that are suitable for the detection of alterations and instabilities of genomic DNA; measurement of the expression of genes and gene products; analysis and detection of gene and or cellular products including post translational modification, and function of proteins; identification and characterization of exogenous infectious agents in cancer; and assaying the function of major signal transduction networks involved in cancer. The PA is intended to support the development of all required components of fully integrated systems for analysis including front end preparation of sample materials from cells, bodily fluids, and tumor specimens; novel chemistries or contrast agents; molecular detection systems; data acquisition methods; and data analysis tools. Technologies under consideration include those that will support molecular analysis either in vitro, in situ, or in vivo (by imaging or other methods) in the discovery process, as well as in pre-clinical models and clinical research. The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-01-104.html.

Inquiries: Carol Dahl, Office of Technology and Industrial Relations, NCI, 31 Center Dr, Rm 11A03, Bethesda, MD 20892-2590, phone 301-496-1550; fax 301-496-7807; e-mail carol_dahl@nih.gov

PAR-01-105: Innovative Technologies for the Molecular Analysis of Cancer: SBIR/STTR

Letter of Intent and Application Receipt Dates: See preceding PAR.

Applications can be submitted for support as Phase I STTR R41 or Phase I SBIR R43 grants: Phase II STTR R42 or Phase II SBIR R44 grants; or under the SBIR/STTR Fast-Track option. Phase II applications will only be accepted as competing continuations of previously funded NIH phase I SBIR/STTR awards. The phase II proposal must be a logical extension of the phase I research. The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-01-105.html.

Inquiries: See preceding PAR.

PAR-01-106: Application of Innovative Technologies for the Molecular Analysis of Cancer: Phased Innovation Award

Letter of Intent Date: June 15, 2001; Oct. 17, 2001; Feb. 14, 2002; June 10, 2002; Oct. 18, 2002; Feb. 14, 2003; and June 16, 2003

Application Receipt Date: July 20, 2001; Nov. 21, 2001; March 21, 2002; July 22, 2002; Nov. 22, 2002; March 21, 2003; and July 21, 2003

NCI invites applications for research projects to evaluate the utility and pilot the application of molecular analysis technologies in studies relevant to cancer research. Molecular analysis technologies of interest include those that are entirely novel, or emerging but not currently in broad scale use where the technologies have not yet been demonstrated to be robust or reproducible in supporting molecular analysis in cancer research, or technologies currently in use for one application or set of applications, that are being evaluated for utility for alternative applications. The PA provides support for a first phase for technology evaluation and a second phase for pilot application of the technology in a study of biological interest to cancer research. The first phase should include proof of principle experiments that will demonstrate the utility of the technology on samples comparable to those that will be used in the second phase study. Applicants will be expected to demonstrate the utility of all components of the process required for a fully integrated system, including sample preparation, molecular analysis assay, and data capture and analysis. The second (application) phase supports the transition of the technology optimized in the first (evaluation) phase to pilot application in a study of biological interest to cancer research. The design of the second phase study should allow the demonstration that the technology can reproducibly obtain molecular data from the selected sample type and produce information of biological interest to cancer research. The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-01-106.html.

Inquiries: See preceding entry.

PAR-01-107: Applications of Innovative Technologies for the Molecular analysis of Cancer: SBIR/STTR

Letter of Intent and Application Receipt Date: See preceding PAR.

Support for the PA is through the SBIR and STTR mechanisms, which are set-aside programs. Applications can be submitted for support as phase I STTR R41 or phase I SBIR R43 grants: phase II STTR R42 or phase II SBIR R44 grants; or under the SBIR/STTR FAST-TRACK option. The PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-01-107.html.

Inquiries: See preceding PAR

NCI Contract Award

Title: Case Control Study of Testicular Germ Cell Center Among U.S. Military Servicemen. Contractor: Battelle Memorial Institute, Baltimore, MD. Amount: $1,537,129.

In Brief:

GM Honors Blackburn, Kuhl, Phelps, Speizer, And Willett

(Continued from page 1)

the Charles S. Mott Prize for creating and sustaining the Nurses' Health Study, as well as two companion studies, the data from which have generated some of the most important epidemiologic findings in cancer research and the study of public health. Speizer and Willett's contributions range from the relationship between dietary fat and breast cancer to the roles of oral contraceptives and hormone replacement therapy in cancer and risk factors for colorectal cancers. Their findings have significantly influenced the public's understanding of preventable risk factors related to cancer. The Nurses' Health Study, based at Brigham and Women's Hospital, has followed more than 120,000 nurses over the course of three decades. These awards are $250,000 each. To date, GMCRF has awarded over $11 million to 92 scientists since 1978. The awards were presented June 6 at a ceremony that included a scientific conference at NIH and an awards dinner at the U.S. Department of State, hosted by HHS Secretary **Tommy Thompson**. GM Cancer Research Foundation Chairman **Harry Pearce** presented the awards. Pearce, a cancer survivor, was diagnosed with leukemia in 1998. "Through these awards, we hope to bring some of the world's most gifted scientists just that much closer to preventing, treating and curing cancer," he said. "Research is the basis for all cancer breakthroughs, and we must do everything we can to support and nurture that spirit of discovery." . . . **NIH** has begun the online AIDS Oral History Project to commemorate the 20th anniversary on June 5 of the first publication about AIDS. The Web site contains transcripts of interviews NIH historian **Victoria Harden** conducted with NIH researchers. The site is located at http://aidshistory.nih.gov. . . . **AMERICAN CANCER SOCIETY** presented the Lane W. Adams Award to members of the health care community for their exemplary work in cancer care. The awardees are: **Kathleen Brady**, chaplain at St. Joseph's Hospital, Milwaukee; **Margaret Cawley**, oncology clinical nurse specialist at New York Hospital Queens, Flushing, N.Y.; **Barbara Hale**, social worker at The Cancer Institute of New Jersey in New Brunswick; **Kathleen Hardy**, program director at Gilda's Club, Detroit; **James Lockhart Jr.**, surgeon with Surgical Associates Inc, Tulsa; **Sheila Morris**, child life specialist at the CS Mott Children's Hospital in Ann Arbor; **Robert Perkel**, physician in the department of family medicine at Thomas Jefferson University in Philadelphia; **Katherine Seibert**, chief of Medical Oncology at the Community General Hospital of Sullivan County in Harris, N.Y.; **Lillie Shockney**, director of Education and Outreach at the Johns Hopkins Breast Center in Baltimore; **Regina White**, nurse at the Women's Diagnostic Center at H. Lee Moffitt Cancer Center in Tampa; **Catherine Wiggins**, director of hospice at West Georgia Hospice/Hospice LaGrange in LaGrange, GA. . . . **CANCER RESEARCH FUND** of the Damon Runyon-Walter Winchell Foundation received the second installment of a five-year, $15 million grant from Eli Lilly to bring more physicians into clinical research. The Clinical Investigator Award is presented to five young physicians and their mentors each year, who collectively receive a total $1.1 million in research support. The award enables junior physicians to devote 80 percent of their time to research. The awardees and mentors are: **Joseph Califano** and **David Sidransky/Anthony Alberg** of John Hopkins University; **Li Li** and **Sanford Markowitz/John Witte** of Case Western Reserve University; **Jennifer Malin** and **Katherine Kahn** of University of California at Los Angeles; **William Sellers** and **David Livingston** of Dana-Farber Cancer Institute; and **Cassian Yee** and **Philip Greenberg** of Fred Hutchinson Cancer Research Center. . . . **JOHN BYRD** was named director of the hematologic malignancies program, Division of Hematology and Oncology, Department of Internal Medicine at Ohio State University Medical Center. Byrd was director of clinical research and assistant chief of the hematology-oncology service at Walter Reed Army Medical Center in Washington. He will hold the D. Warren Brown Designated Professorship in Leukemia at the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. . . . **SCIENTIFIC MISCONDUCT FINDING:** Office of Research Integrity and the Assistant Secretary for Health have taken final action in the following case: **Ayman Saleh**, University of Pittsburgh. Based on the report of an inquiry conducted by UP and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service found that Saleh, former postdoctoral research associate, School of Medicine, UP, engaged in scientific misconduct in research supported by NIH. The experiments examined the regulation of programmed cell death, important to a better understanding of cancer.

Copying Policy for The Cancer Letter Interactive

The software that comes with your issue allows you to make a printout, intended for your own personal use. Because we cannot control what you do with the printout, we would like to remind you that routine cover-to-cover photocopying of The Cancer Letter Interactive is theft of intellectual property and is a crime under U.S. and international law.

Here are guidelines we advise our subscribers to follow regarding photocopying or distribution of the copyrighted material in The Cancer Letter Inc. publications in compliance with the U.S. Copyright Act:

What you can do:

--Route the printout of the newsletter to anyone in your office.

--Copy, on an occasional basis, a single story or article and send it to colleagues.

--Consider purchasing multiple subscriptions. Contact us for information on multiple subscription discounts.

What you can't do without prior permission:

--Make copies of an entire issue of the newsletter. The law forbids cover-to-cover photocopying.

--Routinely copy and distribute portions of the newsletter.

--Republish or repackage the contents of the newsletter.

We can provide reprints for nominal fees. If you have any questions or comments regarding photocopying, please contact Publisher Kirsten Boyd Goldberg, phone: 202-362-1809, email: kirsten@cancerletter.com

We welcome the opportunity to speak to you regarding your information needs.

Click Here for
Photocopying Guidelines